SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 24 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIAT	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jose Morillo  Mailing Address 4230 Cazes Ave  City North Port  FEC ID number of contributing federal political committee.  Name of Employer LeHigh Regional Med Ctr  Receipt For: Primary General Other (specify)	State FL  C  Occupation CEO  Aggregate	Zip Code 34287  In  Pe Year-to-Date ▼ 315.68	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Timothy Parry Mailing Address 7127 Sugar Magnolia  City Naples  FEC ID number of contributing federal political committee.  Name of Employer Health Management Associates Receipt For: Primary General Other (specify)	State FL C Occupation Sr VP an	Zip Code 34109	Date of Receipt  M M M J D D J 2 0 0 9  Transaction ID: SA11AI.5240  Amount of Each Receipt this Period  333.32
Full Name (Last, First, Middle Initial) Joe Pinion  Mailing Address 15100 Bag Pipe Way Unit 101  City Ft. Myers  FEC ID number of contributing federal political committee.  Name of Employer Central Ms Medical Ctr  Receipt For: Primary General Other (specify)	State FL  Occupation CEO	Zip Code 33912  n e Year-to-Date ▼ 208.35	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)			576.92